

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.  
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
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33						
34						
35						
36	1					
37						
38						
39	1					
40						
41	3					
42	3					
43						
44	1					
45						
46						
47						
48	1					
49	2					
50	22					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
54	2					
55	2					
56	2					
57						
58						
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95						
96						
97						
98						
99						
100						
TOTAL IND.	3					
TOTAL DEP.	65					
TOTAL CLAIMS	68					